

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS				State Index - - - - No. <u>85</u>			
1. County <u>Yuma</u>				County Registrar's - - No. <u>13</u>			
District <u>Hayden</u>				Local Registrar's - - No. <u>13</u>			
Town or City <u>Hayden</u>				No. <u>13</u> (If death occurred in a hospital or institution, give its NAME instead of street number), Ward			
2. FULL NAME <u>Roy William Morrison</u>							
(a) Residence No. <u>Hayden Ariz</u>				St. <u>Hayden</u> Ward <u>Hayden</u>			
(Usual place of abode)				(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred yrs. <u>6</u> mos. <u>6</u> ds.				How long in U. S. if of foreign birth? yrs. <u>6</u> mos. <u>6</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Single</u>		16. DATE OF DEATH (month, day, year) <u>May 25 1928</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>				17. HEREBY CERTIFY, That I attended deceased from <u>May 25 1928</u> to <u>May 25 1928</u>			
6. DATE OF BIRTH (month, day and year) <u>Nov 25 1921</u>				that I last saw him alive on <u>May 25 1928</u>			
7. AGE	Years <u>6</u>	Months <u>6</u>	Days <u>6</u>	and that death occurred, on the date stated above, at <u>5:06</u> p. m.			
8. OCCUPATION OF DECEASED				The CAUSE OF DEATH was as follows <u>Hodgkin's Disease</u>			
(a) Trade, profession, or particular kind of work <u>None</u>				(duration) yrs. <u>6</u> mos. <u>6</u> ds.			
(b) General nature of industry, business or establishment in which employed (or employer)				CONTRIBUTORY (Secondary) <u>None</u>			
(c) Name of employer				(duration) yrs. <u>6</u> mos. <u>6</u> ds.			
9. BIRTHPLACE (city or town) <u>Hayden</u>				18. Where was disease contracted if not at place of death? <u>No</u>			
(State or country) <u>Arizona</u>				Did an operation precede death? <u>No</u> Date of <u>May 26 1928</u>			
10. NAME OF FATHER <u>Matthew A Morrison</u>				Was there an autopsy? <u>No</u>			
(city or town) <u>Karnes Co. Texas</u>				What test confirmed diagnosis? <u>Charl's St. Joseph's</u>			
(State or country)				Signed <u>May 26 1928</u> (Address) <u>Hayden</u>			
11. BIRTHPLACE OF FATHER				* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
12. MAIDEN NAME OF MOTHER <u>Dollie Rappold</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Hayden Ariz</u>			
(city or town) <u>Karnes Co. Texas</u>				20. UNDERTAKER <u>Friends</u>			
(State or country)				DATE OF BURIAL <u>May 26 1928</u>			
13. BIRTHPLACE OF MOTHER <u>New Mexico</u>				ADDRESS <u>Hayden Ariz</u>			
(State or country)							
14. Informant <u>Matthew A Morrison</u>							
(Address) <u>Hayden Ariz</u>							
15. Filed <u>May 26 1928</u> <u>M. A. Morrison</u>							
Local Registrar.							
Filed <u>May 26 1928</u>							
V. S. No. 1				County Registrar.			